

This Page Is Inserted by IFW Operations
and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**



DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter claimed and for which a patent is sought on the invention entitled:

**AMYLOID IMMUNIZATION AND COX-2 INHIBITORS FOR THE TREATMENT OF
ALZHEIMER'S DISEASE**

The specification of which, with any Preliminary Amendment, (check one)

☐ is attached hereto

☒ was filed on July 25, 2003, as United States Application Serial No. 10/627,357

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claimed

PCT/US / PCT
(Number) (Country) (Day/month/year filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) and §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(US Patent No.)

(Filing date)

(Issue Date)

(Application Serial No.)	(Filing date)	(Status)
60/402,760 (provisional)	August 12, 2002	
60/402,778 (provisional)	August 12, 2002	
60/402,674 (provisional)	August 12, 2002	
60/402,676 (provisional)	August 12, 2002	
60/402,655 (provisional)	August 12, 2002	
60/402,773 (provisional)	August 12, 2002	
60/402,675 (provisional)	August 12, 2002	

POWER OF ATTORNEY

As a named inventor, I hereby appoint as attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith the following attorneys ad agents, their registration numbers being listed after their names:

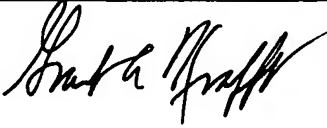
S. Christopher BAUER, Reg. No. 42,307
 Julie S. CHAPPELL, Reg. No. 46,612
 Kenton N. FEDDE, Reg. No. 54,701
 J. Timothy KEANE, Reg. No. 27,808
 Scott J. MEYER, Reg. No. 25,275
 Rachel A. POLSTER, Reg. No. 47,004

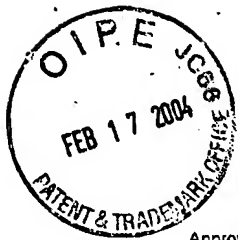
Philip B. POLSTER II, Reg. No. 43,864
 Thomas RIZZO, Reg. No. 41,272
 Joseph R. SCHUH, Reg. No. 48,180
 James M. WARNER, Reg. No. 45,199
 Scott A. WILLIAMS, Reg. No. 39,876

All correspondence and telephone communications should be addressed to:

Customer Number: 26648
 James M. Warner
 Te: (314) 274-3642

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR (DECEASED)	ROBERTSON	DAVID	W.
PERSONAL REPRESENTATIVE	KRAFFT	GRANT	
RESIDENCE & CITIZENSHIP (of Personal Representative)	CITY Glenview	STATE IL	COUNTRY USA
POST OFFICE ADDRESS (of Personal Representative)	POST OFFICE ADDRESS 1309 Evergreen	CITY Glenview	STATE OR COUNTRY IL
SIGNATURE OF PERSONAL REPRESENTATIVE ON BEHALF OF DECEASED INVENTOR		DATE 1/31/04	ZIP CODE 60025



Approved, SCAO

OSM CODE: LET

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF WASHTENAWLETTERS OF AUTHORITY FOR
PERSONAL REPRESENTATIVE

FILE NO.

03 1087 DE

Estate of David W. Robertson

TO:

Name, address, and telephone no.

Grant A. Krafft
1309 Evergreen Court
Glenview, IL 60025

OCT 15 2003

You have been appointed and qualified as personal representative of the estate on OCT 15 2003. You are authorized
Date

to do and perform all acts authorized by law except as to the following:

- ☐ Real estate or ownership interests in a business entity excluded from your responsibilities in your acceptance of appointment
- ☐ Restrictions and limitations:

☐ These letters expire: _____

Date

Date

OCT 15 2003

Judge (formal proceedings)/Register (informal proceedings)

Bar no.

Probate Register, Hillary A. Muscato

SEE NOTICE OF DUTIES ON SECOND PAGE

Westerman & Associates, P.C.

Amy N. Morrissey

P48271

Attorney name (type or print)

Bar no.

345 S. Division

Address

Ann Arbor, MI 48104

(734) 995-9731

City, state, zip

Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original and that these letters are in full force and effect as of the date on the letters.

10/15/03

Date

Kathy Lowell
Deputy register
clerk

Do not write below this line - For court use only

MCL 700.3103, MCL 700.3307, MCL 700.3414,
MCL 700.3504, MCL 700.3601.

PC 572 (9/02) LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE

MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

The following provisions are mandatory reporting duties specified in Michigan law and Michigan court rules and are not the only duties required of you. See MCL 700.3701 through MCL 700.3722 for other duties. Your failure to comply may result in the court suspending your powers and appointing a special fiduciary in your place. It may also result in your removal as fiduciary.

CONTINUED ADMINISTRATION: If the estate is not settled within 1 year after your original appointment, you must file with the court and send to each interested person a notice that the estate remains under administration, specifying the reasons for the continued administration. You must give this notice within 28 days of the first anniversary of your appointment and all subsequent anniversaries during which the administration remains uncompleted. If such a notice is not received, an interested person may petition the court for a hearing on the necessity for continued administration or for closure of the estate.

[MCL 700.3703(4), MCL 700.3951(3), MCR 5.144, MCR 5.307, MCR 5.310]

DUTY TO COMPLETE ADMINISTRATION OF ESTATE: You must complete the administration of the estate and file appropriate closing papers with the court. Failure to do so may result in personal assessment of costs. [MCR 5.310]

CHANGE OF ADDRESS: You are required to inform the court and all interested persons of any change in your address within 7 days of the change.

Additional Duties for Supervised Administration

If this is a supervised administration, in addition to the above reporting duties, you are also required to prepare and file with this court the following written reports or information.

INVENTORY: You are required to file with the probate court an inventory of the assets of the estate within 91 days of the date your letters of authority are issued or as ordered by the court. You must send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. If the value of any item has been obtained through an appraiser, the inventory should include the appraiser's name and address with the item or items appraised by that appraiser. [MCL 700.3706, MCR 5.310(E)]

ACCOUNTS: You are required to file with this court once a year, either on the anniversary date your letters of authority were issued or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. This itemized accounting must show in detail all income and disbursements and the remaining property, together with the form of the property. Subsequent annual and final accountings must be filed within 56 days following the close of the accounting period. When the estate is ready for closing, you are also required to file a final account with a description of property remaining in the estate. All accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.

ESTATE (OR INHERITANCE) TAX INFORMATION: You are required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. Note: The estate may be subject to inheritance tax.

Additional Duties for Unsupervised Administration

If this is an unsupervised administration, in addition to the above reporting duties, you are also required to prepare and provide to all interested persons the following written reports or information.

INVENTORY: You are required to prepare an inventory of the assets of the estate within 91 days from the date your letters of authority are issued and to send a copy of the inventory to all presumptive distributees and all other interested persons who request it. You are also required within 91 days from the date your letters of authority are issued, to submit to the court the information necessary to calculate the probate inventory fee that you must pay to the probate court. You may use the original inventory for this purpose. [MCL 700.3706, MCR 5.307]

ESTATE (OR INHERITANCE) TAX INFORMATION: You may be required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. Note: The estate may be subject to inheritance tax.



2003-02157-D



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

0000054039

STATE FILE NUMBER

2145732

1. DECEDENT'S NAME (First, Middle, Last) David Wayne Robertson		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) August 16, 2003
4a. AGE - Last Birthday (Years) 48	4b. UNDER 1 YEAR MONTHS: 0 DAYS: 0	4c. UNDER 1 DAY HOURS: 0 MINUTES: 0	5. DATE OF BIRTH (Month, Day, Year) July 30, 1955
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) 396 Wild Fox Ct.		7b. IF HOSP. OR INST. - Inpatient Op. Room, Room, DOA (Specify) Scio Township	
8. SOCIAL SECURITY NUMBER 461-02-4471		9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Executive Director	
10a. CURRENT RESIDENCE - 100b. COUNTY Michigan Washtenaw		10c. LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP. OF Scio	
10d. ZIP CODE 48103		10e. STREET AND NUMBER 396 Wild Fox Court	
11. BIRTHPLACE (City and State or Foreign Country) Dumas, Texas		12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced	
13. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chinese, other Hispanic, Afro American, Arab, English, French, Finnish, etc. (Specify better) American		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
15. RACE - American Indian, Black, White, etc. If Asian, give nationality, e.g., Chinese, Filipino, Asian Indian, etc. (Specify better) White		16. SURVIVING SPOUSE (If wife, give name before first married) Nixie McDougal	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) 5+ College (13 or 14 or 15 or 16)		18. FATHER'S NAME (First, Middle, Last) R. L. Robertson	
19. MOTHER'S NAME (First, Middle, Last) Nixie McDougal		20. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 123 Oak, Dumas, Texas 79029	
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Burial		22. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Dumas Cemetery	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE Dwight R. New II		24. LICENSE NUMBER (of Licensee) 6752	
25. NAME AND ADDRESS OF FACILITY Morrison Funeral Directors 1015 Dumas Ave., Dumas, Texas 79029		26. PART I - Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, but only one cause on each line. Hypertensive Cardiovascular Disease	
26. PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) yes	
27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) yes		28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Home	
29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) yes		30a. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. (Signature and Title) J. Scott Somerset	
30b. DATE SIGNED (Mo., Day, Yr.) 08/17/2003		30c. TIME OF DEATH 4:00 P.M.	
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) J. Scott Somerset, MD, Deputy Med Exam, 2215 Hogback Rd., Ann Arbor, MI		31a. This case reviewed and determined not to be a medical examiner's case. <input type="checkbox"/> On the basis of examination and investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. <input checked="" type="checkbox"/>	
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) J. Scott Somerset, MD, Deputy Med Exam, 2215 Hogback Rd., Ann Arbor, MI		32b. LICENSE NUMBER 66981	
33a. RCE SUICIDE HOW NATURAL OR PENDING INVEST (Specify) Natural		33b. DATE OF INJURY (Mo., Day, Yr.) 08/16/2003	
33c. TIME OF INJURY 4:00 P.M.		33d. DESCRIBE HOW INJURY OCCURRED	
33e. INJURY AT WORK (Specify Yes or No)		33f. LOCATION - Street or R.F.D. No. City, Village or Twp. State	
34. REGISTRAR'S SIGNATURE Peggy M. Vaines		35. DATE FILED (Month, Day, Year) AUG 22 2003	